

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

33947

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4497</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE</u>		c. LENGTH OF STAY (in this place) <u>CLAY TOWNSHIP ENTIRE LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE - CLAY TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>				d. STREET ADDRESS (If rural, give location) <u>1020</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MATTHEW</u>		b. (Middle) <u>RICHISON</u>		c. (Last) <u>RICHISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 29 1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 25-1868</u>	
9. AGE (in years last birthday) <u>84</u>		10. MONTHS <u>3</u>		11. DAYS <u>4</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JAMES RICHISON</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. E. Richison - Clarence, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic myocarditis - decompensation</u>					
DUE TO (c) <u>Arteriosclerosis</u>							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-4-</u> , 1952, to <u>9-29-</u> , 1952, that I last saw the deceased alive on <u>9-25-</u> , 1952, and that death occurred at <u>3:00 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank H. Coffin, D.O.</u>		23b. ADDRESS <u>Clarence, Mo</u>		23c. DATE SIGNED <u>9-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 1-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>CLARENCE Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct-3-52</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Napper Funeral Service</u>		ADDRESS <u>Clarence, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Thos. L. Bott*

Signed.....

Student Embalmer

Licensed Embalmer No. *4552*

P. O. Address. *Macon, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.